

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. <div style="font-size: 1.2em;">09202062</div> | FILING DATE <div style="font-size: 1.2em;">3/22/01</div> | | | | |
|--|----------|------|------------------------|------|------------------------|------|---|---|------|------|------|--|
| | | | | | | | APPLICANT(S) | | | | | |
| CLAIMS | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | ★ | | ★ | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | |
| 1 | | | | | | | 51 | | | | | |
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| 50 | | | | | | | 100 | | | | | |
| TOTAL IND. | | | | | | | TOTAL IND. | | | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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